

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42093**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ashland		c. CITY OR TOWN Ashland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) Route 1 Cedar Tp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Cedar Tp.		f. STREET ADDRESS Route 1 Cedar Tp.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ISOM c. (Last) VEMER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 21, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Paul Vemer		13b. MOTHER'S MAIDEN NAME Sarah Martin		14. NAME OF HUSBAND OR WIFE Tessie Martin Vemer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Floyd Vemer, Columbia, Missouri.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercranial neoplasia (Type unknown)			1 Year
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. malnutrition			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-10**, 19**53**, to **12-14**, 19**53**, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. Hardwicke, M.D.		23b. ADDRESS Ashland Mo.		23c. DATE SIGNED 12-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Millers Creek Cemetery	24d. LOCATION (City, town, or county) (State) Callaway County, Missouri.	

DATE REC'D BY LOCAL REG. 12-17/53	REGISTRAR'S SIGNATURE Mrs Mildred Burnett	25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia Mo	ADDRESS
-------------------------------------------------	---------------------------------------------------------	-------------------------------------------------------------------------------------	----------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0100

NOV 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4897

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.